

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24987

FILED
Mar 27, 2008
Secretary of State

Entity Name: MEDICT SYSTEMS, INC.

Current Principal Place of Business:

550 NORTH REO STREET
SUITE 300
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

550 NORTH REO STREET
SUITE 300
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-2455594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLANAGAN & MENCHINGER, P.A.
2831 RINGLING BLVD
SUITE 204-B
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C/P () Delete
Name: HUTTON, C. THOMAS
Address: 699 FRIENDS LAKE ROAD
City-St-Zip: CHESTERTOWN, NY 12817 US

Title: D/S () Delete
Name: HUTTON, GAIL P
Address: 699 FRIENDS LAKE ROAD
City-St-Zip: CHESTERTOWN, NY 12817 US

Title: V (X) Delete
Name: MORAN, MARILYN E
Address: 4115 SOUTH NINE MILE RD, LOT #188
City-St-Zip: ALLEGANY, NY 14706 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/P (X) Change () Addition
Name: HUTTON, C. THOMAS
Address: 501 KNIGHTS RUN AVENUE, 2308
City-St-Zip: TAMPA, FL 33602 US

Title: D/S (X) Change () Addition
Name: HUTTON, GAIL P
Address: 501 KNIGHTS RUN AVENUE, 2308
City-St-Zip: TAMPA, FL 33602 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL P. HUTTON

D/S

03/27/2008

Electronic Signature of Signing Officer or Director

Date